

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 05/07/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/09/2006						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	1326	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	129	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1576	1761	185
		8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN DS LME	8505	2186	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		4807	31	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE	0	2297	2856	559
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	3250	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	137	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	3507	3741	234
		11	73	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8534	63	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8931	32	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	36	135	1455	1320
		8649	7	CLAIM DENIED MAXIMUM ALLOWED 2 6 OCCURRENCES HAVE PROCESSED AND PAID, PA IS REQUIRED.				
3404913	MECKLENBURG COM ENTAL HEALT	11	5493	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8933	700	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	888	6400	6511	111
		8931	113	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIALOR HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	8505	1792	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	270	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	203	2766	4867	2101
		8536	138	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8505	315	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	65	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	6	455	680	225
		11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	5404	54	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	166	376	210
		8534	28	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404921	ORANGE PERSON C HATHAM AREA	8505	2108	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	304	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	2638	3155	517
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	2980	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8329	345	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	34	3935	4173	238
		8599	253	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	118	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	17	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	1	194	412	218
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	557	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	248	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	1502	3360	1858
		23	144	SERVICE REQUIRES PRIOR APPROVA L				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	383	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	50	DUPLICATE OF CLAIM-SYSTEM	24	619	6919	6300
		11	32	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404927	CUMBERLAND CO M HC	8505	843	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8404	361	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	1454	2881	1427
		8800	82	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	17	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	52	87	35
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	3857	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	115	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	4165	4740	575
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	79	214	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	178	801	3770	2969
		8931	134	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404934	ONSLow CARTERET BEHAV HEAL	11	1292	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	1200	DUPLICATE OF CLAIM-SYSTEM	108	5064	8264	3200
		8599	646	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	304	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	392	1741	1349
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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3404937	EDGEcombe NASH MRTL HLTH C	21	54	DUPLICATE OF CLAIM-SYSTEM				
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	62	2252	2190
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	51	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	117	231	114
		537	21	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404941	PITT CO MH/DD/S AS CENTER	21	2425	DUPLICATE OF CLAIM-SYSTEM				
		8599	1056	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	4109	9342	5233
		8950	188	CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	47	DUPLICATE OF CLAIM-SYSTEM				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	5	62	571	509
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	19	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	53	316	1161	845
		8505	65	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404944	EASTPOINTE HUMA N SERVICES	21	9408	DUPLICATE OF CLAIM-SYSTEM				
		8599	3661	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	211	18637	21957	3320
		79	3399	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	1241	DUPLICATE OF CLAIM-SYSTEM				
		8599	191	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1518	1819	301
		8518	66	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	588	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8518	77	CLAIM DENIED, SUBMITTED BEYOND	23	935	1909	974
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR EOS (JULY 1 - JUNE				
		8900	65	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404979	NEW RIVER AREAM	8505	117	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8599	38	DETAIL NOT COVERED BY COMBINAT	11	189	3487	3298
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				